

TRANSMITTAL FORM

	Application Serial Number	10/797,666
	Filing Date	March 8, 2004
	First Named Inventor	James M. BRUGGER, et al.
	Group Art Unit	3761
	Examiner Name	Melanie Jo Hand
	Attorney Docket No.	53951-097
	Confirmation No.	3932

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Request for Reconsideration <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input checked="" type="checkbox"/> Petition for Extension of Time (1 month) <input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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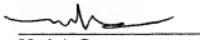
CORRESPONDENCE ADDRESS

Direct all correspondence to:

PATENT ADMINISTRATOR
 Proskauer Rose LLP
 1001 Pennsylvania Ave., N.W.
 Suite 400
 Washington, D.C. 20004
 Tel. No.: (202) 416-6800
 Fax No.: (202) 416-6899
 CUSTOMER NO: 61263

SIGNATURE BLOCK

Date: August 16, 2007
 Reg. No.: 38,720
 Tel. No.: (202) 416-6800
 Fax No.: (202) 416-6899

Respectfully submitted,

 Mark A. Catan
 Attorney for the Applicant(s)
 Proskauer Rose LLP
 1001 Pennsylvania Ave., N.W.
 Suite 400
 Washington, D.C. 20004

FEE TRANSMITTAL
FY 2006

		<i>Complete if Known</i>
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METHOD OF PAYMENT

<input checked="" type="checkbox"/> Payment Enclosed:	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Other
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The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840

- Required Fees (copy of this sheet enclosed).
- Additional fee required under 37 CFR 1.16 and 1.17.
- Overpayment Credit.

Applicant claims small entity status.

FEES CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount

1. TOTAL

2. EXCESS CLAIM FEES *Fee* *Small Entity Fee (\$)*

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100

Total Claims Extra Claims Fee Paid (\$)

-20 or HP= x \$ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee Paid (\$)

- 3 or HP= x \$ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims Fee(\$) Small Entity fee (\$) Fee Paid (\$)

360 180

2. TOTAL:

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100=	0 /50=	round up to a whole number x	= 0.00	

3. TOTAL:

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Direct all correspondence to:

Patent Administrator
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1001 Pennsylvania Avenue, N.W., Suite 400
Washington, D.C. 20004
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Fax No.: (202) 416-6899

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FEES CALCULATION (continued)

4. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
		Surcharge - late filing fee or oath	
		Surcharge - late provisional filing fee or cover sheet	
		Non-English specification	
		Request for ex parte re-examination	
		Extension for reply within 1 st mo.	120.00
		Extension for reply within 2 nd mo.	
		Extension for reply within 3 rd mo.	
		Extension for reply within 4 th mo.	
		Extension for reply within 5 th mo.	
		Notice of Appeal	
		Filing a brief in support of an appeal	
		Request for oral hearing	
		Petitions to the Director	
		Submission of IDS	
		Filing a submission after final rejection (37 CFR 1.129(a))	
		For each additional invention to be examined (37 CFR 1.129(b))	
		Certificate of Correction for applicant's error	
		Submission of Terminal Disclaimer	

Other fee (Specify)

Other fee (Specify)

4. TOTAL: \$120.00

TOTAL AMOUNT SUBMITTED

(\$120.00)

SIGNATURE BLOCK

Respectfully submitted,

Mark A. Catan

Attorney for the Applicant(s)

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